

NORTH DAKOTA MEDICAL IMAGING AND RADIATION THERAPY BOARD

PO BOX 398 BISMARCK, ND 58502

701-425-0861

Fax 701-224-9824

info@ndmirtboard.com

www.ndmirtboard.com

2018-2019 Application for Renewal of Medical Imaging and Radiation Therapy License

OFFICE USE ONLY: RECEIVED _____ AMOUNT _____ CHECK # _____

All medical imaging and radiation therapy licenses expire 12/31/2017.

You MUST renew your license to continue practicing!!

Renewal fee: \$150.00 Complete the application and return with a check or money order payable to NDMIRTB.

The Board cannot accept credit card payments or payment over the phone. Please do not staple or tape your payment to the application. **Please print legibly or type the information. Do not use pencil!**

Late fee: \$50 additional fee if postmarked on or between January 2 and March 1 – Expired license but not practicing.

Late fee: \$150 additional fee if postmarked on or between January 2 and March 1 – Continued practice with an expired license.

License Number _____

Contact Information: This is the mailing address where the Board will send your license and any future correspondence. If you have a different or temporary address, please write it on a separate sheet.

Name _____
First Middle Initial Last Maiden

Mailing Address _____
PO Box or Street Address City State Zip

Home Phone () _____ Date of Birth _____

E-mail Address _____

Check the primary discipline(s) in which you are currently **REGISTERED** and wish to renew for licensure:

- Radiographer Nuclear Medicine Technologist
- Radiation Therapist Sonographer
- Radiologist Assistant Magnetic Resonance Imaging Technologist
- Registered Cardiovascular Invasive Specialist/Registered Cardiac Electrophysiology Specialist

***You only pay one renewal fee if you have more than one modality. Each time you renew national registry (ARRT, ARDMS, CCI, NMTCB, etc.), you must send a copy of your new registration card to the NDMIRTB. ***

Check each modality in which you have **practiced for three of the last five years to have it printed on your license:**

- Cardiac-interventional Technologist Cardio-vascular Interventional Technologist
- Computed Tomography Technologist Mammography Technologist
- Quality Management Technologist Vascular-interventional Radiography Technologist
- Interventional Radiographer Bone Densitometry Technologist

You will need to submit documentation showing proof of employment from your immediate supervisor or department manager before the modality will be added to your license certificate. CE compliance will begin in 2020.

Employer Information

Employer _____ Employer Phone () _____

Employer Address _____

Employer City _____ State _____ Zip _____ County _____

Locum Tenens (Travelers)

Are you currently working as a locum tenens (one who travels, sometimes to different states, to work for short periods of time in someone’s absence or a shortage of employees)? YES NO

If YES, Company Name _____

Address _____

Address City State ZIP

Phone () _____

How long will you be practicing in ND? _____

Name of ND facility: _____ City: _____

Credentialing

Please submit a copy of your registration card(s). If you have renewed your registration and have not received the new card, a copy of the verification of your status from the registry’s website is acceptable. When you receive your new card, please send a copy of it to the Board office.

Mark all that apply:

	Registry Number	Expiration Date	CE Compliant
ARRT	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARDMS	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
NMTCB	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CCI	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CBRPA	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARMRIT	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered NO to CE compliance, please provide an explanation on a separate sheet. You are not eligible for license renewal if you are not currently registered and/or CE compliant.

Personal Background History – You must answer these questions or your application will be returned!

You should be honest answering these questions. A “yes” answer does not disqualify your license renewal.

- In the last 24 months, have you ever been convicted of an offense other than minor traffic violations? (Offenses include any felonies or misdemeanors including DUI, drug possession, trespassing, assault, disorderly conduct, and theft.) YES NO
- In the last 24 months, has there been any pending disciplinary investigations, or have you had any other professional license subject to disciplinary action in North Dakota, another state, or by any licensing agency? YES NO
- In the last 24 months, has any state denied, rejected, revoked, suspended, refused to renew, or otherwise restricted your certification or license? YES NO
- In the last 24 months, have you ever abused alcohol or drugs or experienced any mental health difficulties which could impair your ability to practice Medical Imaging or Radiation Therapy? YES NO
- In the last 24 months, have you ever voluntarily surrendered your certificate or license in order to avoid disciplinary action by a regulatory agency? YES NO

***If you have answered “YES” to any of the above background questions, you must provide the Board with a detailed Letter of Explanation, criminal judgment, and ethics letter from your national registry.** National registry (such as ARRT, ARDMS, etc.) requires reporting of past convictions to the appropriate registry ethics committee. If you are waiting for a letter from the registry’s ethics committee, please state as such in your explanation. Failure to submit appropriate documentation may delay your license. The Board may request additional information and documentation as needed.

Licensure

Are you currently licensed in other states? YES NO

If YES, please list the states and license numbers _____

Please review before submitting your application:

Have you included the following?

A completed and signed three-page application for a renewal of your license?

A check or money order payable to NDMIRTB for the \$150.00 renewal fee?

A copy of your current registration with a national certifying agency (ARRT, ARDMS, etc.)

If you answered "Yes" to any of the questions in the Personal Background History, an explanation and any relevant documentation as requested at the end of that section must be submitted with your renewal application.

If after January 2, 2018, did you include the appropriate late fee? See the bottom of this page for more info.

Agreement

Please read the agreement carefully before signing.

In consideration of my receiving my renewed license from the North Dakota Board of Medical Imaging and Radiation Therapy Board, I do hereby agree to abide by North Dakota laws and administrative rules pertaining to the practice of Medical Imaging and Radiation Therapy. (NDCC 43-62)

I AM AWARE THAT IF ANY CHANGES OCCUR IN MY EMPLOYMENT AND/OR HOME ADDRESS AND PHONE NUMBER, THE BOARD MUST BE NOTIFIED IN WRITING OR BY EMAIL.

Falsifying an application, supplying misleading information or withholding information may be grounds for denial or revocation of licensure. By signing this application below, I certify that the information appearing on this application is accurate and true to the best of my knowledge.

Signature of Applicant

Date

PLEASE RETURN THE **COMPLETED 3-PAGE APPLICATION AND \$150.00 FEE**, TO THE ADDRESS BELOW:

NDMIRTB
PO 398
BISMARCK, ND 58502

Checks and money order should be payable to **NDMIRTB**. The Board cannot accept credit cards.

It is important that you renew your license by December 31, 2017, to avoid additional late fees!

**Late fee: \$50 additional fee if postmarked on or between January 2 and March 1, 2018 – Expired license but not practicing.
Late fee: \$150 additional fee if postmarked on or between January 2 and March 1, 2018– Continued practice with an expired license.**

If you have any questions, contact the Board office at 701-425-0861 or info@ndmirtboard.com.